

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011360

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

183

Primary Registration District No.

3022

Registrar's No.

41

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0410

2 0410

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12 90-2

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Martinsville		Length of stay in 1b 82 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Main Street		d. STREET ADDRESS (If outside, give location) Main Street	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Daniel Walter		4. DATE OF DEATH Month Day Year March 29 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-1-1881
9. AGE (last birthday) 82		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (Ret.)		10b. KIND OF BUSINESS OR INDUSTRY General Mdsc.	
11. BIRTHPLACE (City and state or country) Martinsville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph L. Walter		13b. MOTHER'S MAIDEN NAME Julia F. Zumwalt	
14. NAME OF HUSBAND OR WIFE Mary M. Walter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No X	
16. SOCIAL SECURITY NO.		17. INFORMANT Mary M. Walter	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA PARKINSON'S DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 10 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I, or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Martinsville, Missouri		COUNTY STATE	
21. I attended the deceased from 2/18/63 to 3/29/63 and last saw him alive on 3/24/63 Death occurred at 1: PM. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) D.O. BETHANY, MISSOURI	
22b. ADDRESS BETHANY, MISSOURI		22c. DATE SIGNED 3/30/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-31-1963	
23c. NAME OF CEMETERY OR CREMATORY Kidwell Cemetery		23d. LOCATION (City, town, or county) (State) Martinsville, Missouri	
24. FUNERAL DIRECTOR W. George Noble		25. DATE RECD. BY LOCAL REG. 3-30-1963	
26. REGISTRAR'S SIGNATURE C. Jella Maxey		27. REGISTRAR'S SIGNATURE C. Jella Maxey	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.